

WRITE ONLY IN UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or Globe  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 182  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 113

2. Full name of child Mary Jean Gibson  
3. Sex of Child Female  
4. Twin, triplet or other No.  
5. No., in order of birth 1  
6. Legitimate? Yes  
7. Date of birth May 21, 1927  
Month May day 21 year 1927  
If child is not yet named, make supplemental report, as directed.

8. FATHER  
Full name John Wesley Gibson  
9. Residence (Usual place of abode) Globe, Arizona  
If nonresident, give place and state \_\_\_\_\_  
10. Color or race White  
11. Age at last birthday 38 (Years)  
12. Birthplace (city or place) Mason County, Texas  
(State or country)  
13. Occupation Miner  
Nature of industry \_\_\_\_\_

14. MOTHER  
Full maiden name Mary Etta Perry  
15. Residence (Usual place of abode) Globe, Arizona  
If nonresident, give place and state \_\_\_\_\_  
16. Color or race White  
17. Age at last birthday 37 (Years)  
18. Birthplace (city or place) Marietta, Oklahoma  
(State or country)  
19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living five  
(b) Born alive but now dead none  
(c) Stillborn none  
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive at 9 A. M. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Given name added from supplemental report \_\_\_\_\_

Signature T. C. Harper, M.D.  
Address Globe, Arizona  
(Physician or midwife)

Month, day, year. \_\_\_\_\_  
Registrar, \_\_\_\_\_

Filed \_\_\_\_\_ 19\_\_\_\_  
Filed 5-31-27 San Antonio  
Local Registrar, \_\_\_\_\_  
County Registrar, \_\_\_\_\_

475-521-578